

PRE-HEALTH PROGRAM



COLLEGE OF
SCIENCE AND
MATHEMATICS

Authorization for Release of Confidential Information

I, _____ (include middle name), a student at Wright State University, hereby authorize the Pre-Health advisor at WSU, to supply an evaluation of me to the schools listed below. I understand that this letter will include letters from faculty and other people I have solicited for support, as well as comments from the Pre-Health advisor based on my interactions with her in and out of the classroom.

Which services are you applying through?

- AMCAS AACOMAS TMDSAS

This evaluation is being supplied at my request and I hereby (**check all that are appropriate**)

- WAIVE** the right to access this evaluation and any information contained within it or attached to it.
- DO NOT WAIVE** the right to access this letter and any information contained within it or attached to it. (If this is checked, the premedical advisor's office will not submit a student's letters to medical schools. It becomes the student's responsibility to have the letter writers directly send the letters to each medical school.)
- Understand that the authorized recipient of this evaluation shall hold this information in confidence and that it will be used solely for the purpose of evaluating my application for admission to the above named schools.
- Understand that the evaluation will become part of my application materials for admission to medical school and will be scanned and submitted electronically to the medical schools I designate.
- Have released information for MCAT scores to my Pre-Health advisor.

I have included all of the following:

- A processed finalized copy of my AMCAS, AACOMAS, and/or TMDSAS applications
- A photograph of myself
- A copy of my MCAT scores (if not included on your AMCAS/AACOMAS/TMDSAS forms)
- Résumé or CV
- A list of my letter writers
- A copy of my personal statement

Evaluation letters to be included in my letter packet:

*Email: _____

*Phone: _____

AAMC ID#: _____

Letter ID#: _____

AACOMAS ID#: _____

TMDSAS ID#: _____

Signature _____

Date _____

Authorization must be delivered in person to 106 Oelman Hall